

# BreakThroughs

Fall 2023



Duke Cancer Institute

MORE OPTIONS  
FOR PEOPLE WITH  
BLOOD CANCERS



**BUILDING TRUST IN  
RURAL NORTH CAROLINA**

**Page 10**

**NEW HOPE FOR  
BREAST CANCER**

**Page 12**

**PARTNERS  
WITH DUKE**

**Page 19**

## 50 Years of Patient-Focused Innovations



MICHAEL B. KASTAN

THIS FALL, WE WRAP UP OUR CELEBRATION OF DUKE'S 50 YEARS of transforming cancer discovery and care as a comprehensive cancer center. This issue of *Breakthroughs* highlights how we have revolutionized the field of stem cell transplant and improved outcomes for people with blood cancers. This field has also set the stage for promising new cancer-fighting immunotherapies, and as we look to the future, we envision more patients benefiting from the ability to engineer cells to make them better cancer killers and to target them to each individual.

These are just a few of the innovations that you have made possible. You'll also see featured in this issue a milestone approval of a new drug for advanced breast cancer, as well as one of our efforts to expand breast cancer care to our surrounding communities.

I want to thank you — our donors and friends — for your continued partnership. Your willingness to stand beside us in the fight against cancer motivates us to continue pushing boundaries to discover, develop, and deliver tomorrow's cancer care... now.

"THIS ISSUE OF *BREAKTHROUGHS* HIGHLIGHTS HOW WE HAVE REVOLUTIONIZED THE FIELD OF STEM CELL TRANSPLANT AND IMPROVED OUTCOMES FOR PEOPLE WITH BLOOD CANCERS. AS WE LOOK TO THE FUTURE, WE ENVISION MORE PATIENTS BENEFITING FROM THE ABILITY TO ENGINEER CELLS TO MAKE THEM BETTER CANCER KILLERS AND TO TARGET THEM TO EACH INDIVIDUAL."

Michael B. Kastan, MD, PhD  
Executive Director, Duke Cancer Institute  
William and Jane Shingleton Professor,  
Pharmacology and Cancer Biology  
Professor of Pediatrics

**ON THE COVER:**  
More options for people with blood cancers. Bone marrow transplantation and other cell therapies save more lives than ever, thanks to advances pioneered at Duke over the last few decades.

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## Good Morning America Features Student Effort

On February 22, a group of students encouraging their peers to register as bone marrow and stem cell donors through a student chapter of Be the Match drew Good Morning America to the Duke campus.

The students, Coach K, and the Duke Blue Devil himself were featured via a live linkup with network anchor Robin Roberts. The event marked the 10-year anniversary of Roberts' own life-saving bone marrow transplant.

Caron Myers — an early advocate of the national marrow registry whose daughter Brandy died of leukemia in 1987 at 10 years old and whose husband is now receiving treatment for a rare type of blood cancer at Duke Cancer Institute — also joined the festive event to encourage bone marrow and stem cell donation.



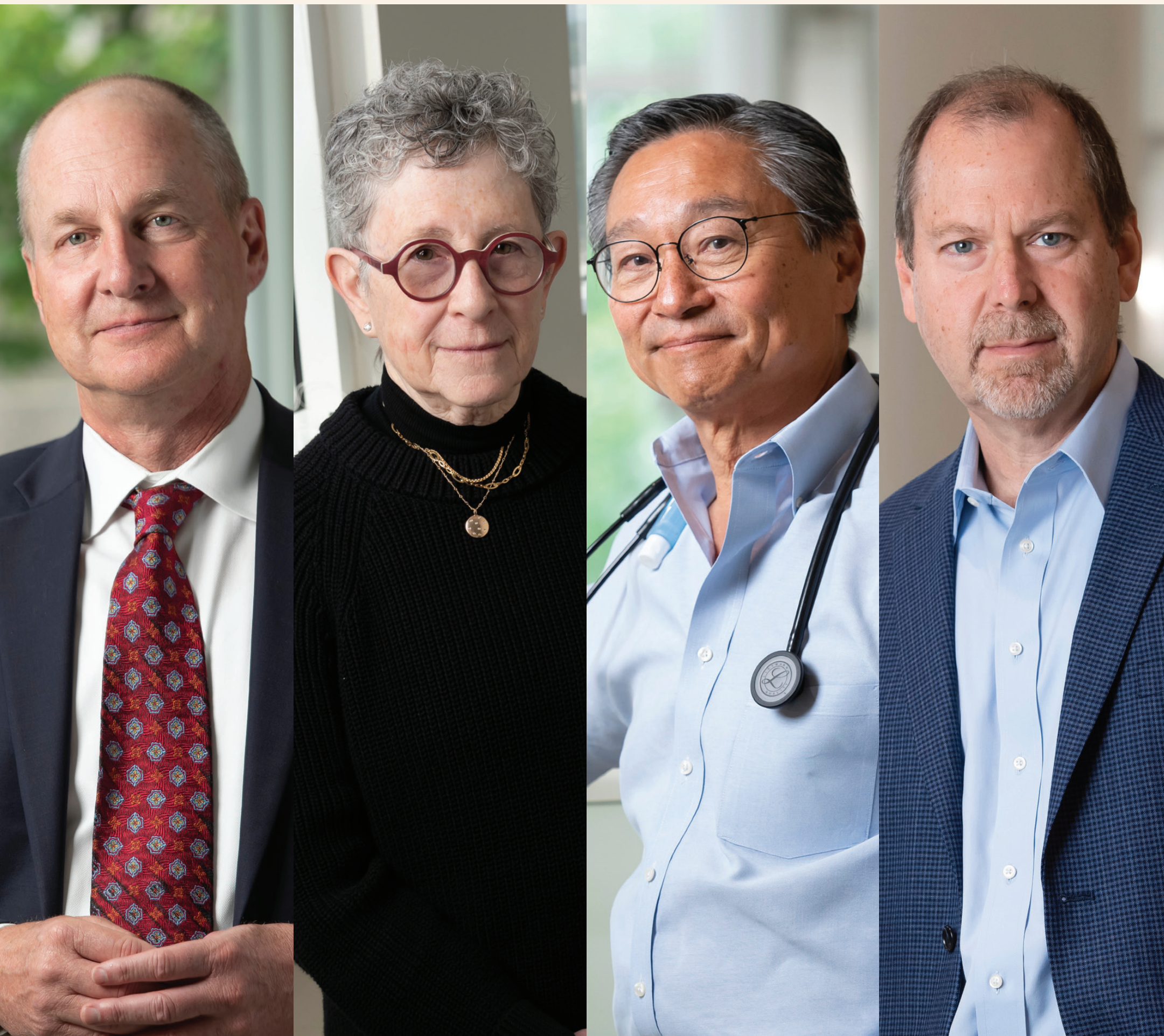
## Men's Health Screening Draws a Crowd



Urologic oncologist **Cary Robertson, MD;** Assistant Director of Community Outreach, Engagement, and Equity **Angelo Moore, PhD, RN, NE-BC;** Urologic Oncologist **Judd Moul, MD;** and Associate Professor Emerita, Duke School of Nursing, **Marva Price, DrPH, MPH, FNP, FAANP, FAAN.**

More than 200 men participated in free health screenings at the Lincoln Community Health Center and the Duke Primary Care Croasdaile facility at the annual Men's Health Screening Event. Men received screening for prostate, colon, and skin cancer, hypertension, and diabetes. Tobacco cessation and nutrition counseling were also offered.

The event was presented by the Duke Cancer Institute Community Outreach, Engagement, and Equity program and the two clinics in collaboration with the Durham County Department of Public Health, North Carolina Department of Health and Human Services, Lung Cancer Initiative, Duke Urology, Duke Gastroenterology, Duke Outpatient Phlebotomy, Duke Endocrinology and Metabolism, Duke Dermatology, Duke Health System Laboratories, and DukeWell.



LES TODD

# MORE OPTIONS FOR PEOPLE WITH BLOOD CANCERS

BY MARY-RUSSELL ROBERSON

**F**or decades, bone marrow transplantation has saved the lives of patients with blood cancers or other inherited or acquired bone marrow diseases. But today, it's helping more people than ever because medical advances have made the procedure feasible for more patients.

Bone marrow is spongy tissue in our bones that houses the blood stem cells that give rise to red blood cells, platelets, and the workhorses of the immune system, white blood cells. In a bone marrow transplant, stem cells from healthy bone marrow or blood are infused into a patient to do the work of producing blood cells. Patients with certain blood cancers like lymphoma may need a transplant if the chemo or radiation necessary to kill their cancer also kills their bone marrow. In other cases, the recipient's bone marrow stem cells may be producing blood cells, but those cells aren't up to the task of recognizing and killing cancer and need to be replaced with stem cells from a healthy donor.

The transplanted cells can come from the patient (collected ahead of time) or from a donor. In the past, patients in need of a transplant had to have a matched donor, meaning that recipient and donor had the same immunologic proteins, called HLA. Otherwise, the donor cells would launch an immune attack on the recipient's body.

Over the last few decades, researchers have made significant progress in discovering how to perform transplants using donated cells that aren't a perfect match. Furthermore, stem cells can now be harvested not just from bone marrow but from blood and umbilical cord.

Innovators in blood cancer treatment: **EDWIN ALYEA, JOANNE KURTZBERG, NELSON CHAO,** and **MITCHELL HORWITZ.**



“More patients can benefit from transplantation now because there are more donor options. And we can now offer reduced intensity transplants, with lower-dose chemotherapy, to patients who were previously not eligible because of age or other medical problems.”

Edwin Alyea

EDWIN ALYEA, chief medical officer of Duke Cancer Institute



“More patients can benefit from transplantation now because there are more donor options,” said Edwin Alyea, MD, the chief medical officer of the Duke Cancer Institute. “And we can now offer reduced intensity transplants, with lower-dose chemotherapy, to patients who were previously not eligible because of age or other medical problems.”

**A LARGER POOL OF DONOR CELLS**

One option for people without a match is to be transplanted with stem cells from umbilical cord blood. A patient can safely receive cord blood cells that aren’t quite a perfect match because cord blood transplants are less likely to result in the donor cells attacking the recipient’s tissues, a serious and potentially life-threatening complication called graft versus host disease (GVHD).

The world’s first cord blood transplant with an unrelated donor was performed at Duke in 1993 by Joanne Kurtzberg, MD, in a pediatric patient. Three years later, Kurtzberg, who is the Jerome S. Harris Distinguished Professor of Pediatrics, transplanted unrelated cord blood into an adult.

JOANNE KURTZBERG performed the world’s first cord blood transplant with an unrelated donor at Duke in 1993.

“For the first few years, it was only [being done] at Duke, both in adults and pediatric patients,” Kurtzberg said. “We were integrally a part of the clinical trials that ultimately spread the technology to most academic medical centers around the world.”

Today, more than 50,000 of these transplants have been performed worldwide.

Cord blood transplants are particularly valuable to Black, Asian, and Latino people because these groups are underrepresented on national donor registries. That makes it harder for them to find perfect matches, which occur more frequently within rather than between ethnic groups.

“For the first few years, it was only [being done] at Duke, both in adults and pediatric patients. We were integrally a part of the clinical trials that ultimately spread the technology to most academic medical centers around the world.”

Joanne Kurtzberg

The drawback to cord blood is that there are relatively few stem cells in each unit. “We dose the stem cells on the basis of body weight,” said Mitchell Horwitz, MD, professor of medicine. “The larger you are, the less likely you are to find a cord blood unit that is big enough.”

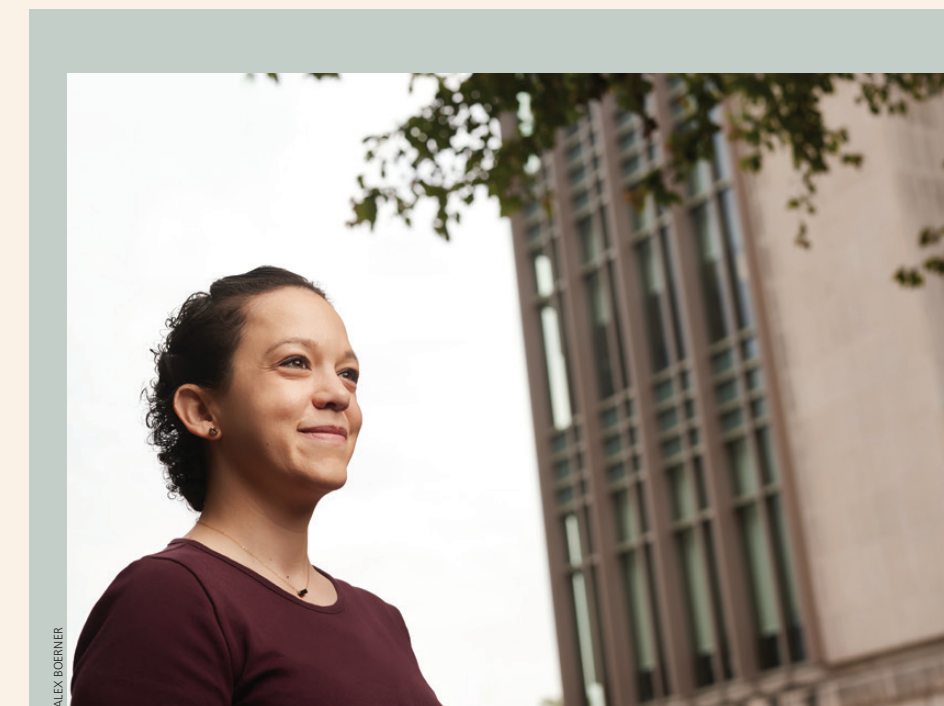
A small dose can work, but it takes longer for the stem cells to settle in and start making blood cells, a process known as engraftment. “That takes

about 15 days for an adult donor and about 24 days for cord blood,” said Horwitz. “Patients are very vulnerable during that time to infection, so even reducing that by a few days will make a difference.”

Horwitz’s research focuses on ways to expand the dose of each unit by encouraging cord blood stem cells to replicate in the lab. In the past few years, he has been conducting international clinical trials testing the effectiveness of cord blood stem cells expanded by a method developed by a company called Gamida Cell. “The phase 3 clinical

trial that I led was a dramatic success,” he said. “It shortens the median time to engraftment to 12 days, which is faster than any other transplant technique available.” The product, called Omdidubicel, was approved by the Food and Drug Administration (FDA) in April 2023. Prior to the approval, Duke and a few other centers had offered it to patients outside clinical trials only under expanded “compassionate use” access. The approval means many more patients will now have access to the therapy.

A newer option for patients without a perfect match is a haplo-identical



**A WHIRLWIND OF EMOTIONS**

When Alexa Balthazar was diagnosed with leukemia at age 28, she ultimately needed a bone marrow transplant. Knowing that her transplant physician, Mitchell Horwitz, MD, had a plan was very encouraging, but she still faced a whirlwind of emotions. Teen and Young Adult Oncology Program nurse navigator Jackie Balliot, BSN, RN, OCN, was there to help. She made several referrals, including connecting Alexa to medical family therapist Geoffrey Vaughn, LMFT, ATR.

“What you go through is traumatic, and to be able to talk with someone who is not a family member or friend about very serious topics was helpful for me,” Balthazar said. In May 2023, she celebrated her one-year transplant birthday.



“The phase 3 clinical trial that I led was a dramatic success. It shortens the median time to engraftment to 12 days, which is faster than any other transplant technique available.”

Mitchell Horwitz

**MITCHELL HORWITZ** conducts research focused on expanding cord blood doses by encouraging cord blood stem cells to replicate in the lab.

transplant, in which they receive cells from a half-matched adult donor, typically a parent, child, or sibling. Medicine given after the transplant dampens the immune response among the newly transplanted cells to discourage graft versus host disease.

Haplo-identical transplants and cord blood transplants have opened up stem cell transplants to many patients who wouldn't have been eligible a decade or two ago. “Our preference is to find a match.” Horwitz said. “But a transplant from a mismatched family member or cord blood is now very reasonable and doesn't compromise outcome greatly.”

#### MORE OPTIONS FOR CHEMO

It used to be that most cancer patients undergoing bone marrow transplant first had high doses of chemotherapy to wipe out every last cancer cell. But researchers have discovered that sometimes transplanted cells can recognize and kill the cancer that eluded the patient's immune system. Some patients, with some types of blood cancer, do well with a low dose of chemo, whose primary purpose is

## FIRSTS IN THE FIELD

- **The world's first cord blood transplant with an unrelated donor** was performed at Duke in 1993 by Joanne Kurtzberg, MD, in a pediatric patient. Three years later, Kurtzberg transplanted unrelated cord blood into an adult. Today, more than 50,000 of these transplants have been performed worldwide.
- In 1992, Duke became **the first medical center in the nation to begin an outpatient bone marrow transplant program**. Even today, Duke is one of only a few medical centers to offer this option, in which the patient is hospitalized to receive an infusion of bone marrow, but receives all followup care in an outpatient clinic.
- Through a clinical trial, **Duke is the only center in the nation to offer bone marrow transplant patients all follow-up care at home**. The practice may reduce complications by helping patients maintain their own unique microbiomes — the population of bacteria and other microbes on their skin and in their bodies — rather than picking up microbes from frequent visits to the clinic.



“Our program is dedicated to patient care first. We are patient-centered and patient-focused.”

Nelson Chao

**NELSON CHAO**, chief of the Division of Cell Therapy.

to suppress the patient's immune system so it won't reject the donor cells.

The low-dose, or reduced-intensity transplant makes stem cell transplant available to older patients and those with other medical conditions who might not be able to endure high doses of chemotherapy.

#### MORE OPTIONS FOR RECOVERY

Bone marrow transplant can be arduous. Before the transplant, patients need chemo, and afterward they frequently need platelet transfusions or other interventions while their new immune system is growing. They also need to be closely monitored for signs of infection. For these reasons, patients typically spend weeks in the hospital after the transplant, which can be emotionally challenging and carries the risk of being exposed to other people's germs.

In 1992, Duke became the first medical center in the nation to begin an outpatient bone marrow transplant program. Even today, Duke is one of

only a few medical centers to offer this option. Patients receive a transfusion, then go home or to a nearby apartment if they don't live near Duke. They come to the outpatient clinic several times a week for supportive care. This option isn't appropriate for all patients, but Alyea said about half of Duke's high-dose transplants are outpatient.

Nelson Chao, MD, chief of the Division of Cell Therapy in the Department of Medicine, wants to go

one step further. He is working with Anthony Sung, MD, associate professor of medicine, on a clinical trial to see whether patients do better when the follow-up care is provided at home.

“That is novel to Duke,” said Chao, who is the Donald D. and Elizabeth G. Cooke Cancer Distinguished Research Professor. “I don't think anyone else is doing that in this country. I think we are going to see better outcomes.” The idea is that staying at home will help patients

#### HOW YOU CAN HELP

You can support patients who don't have the resources to finance an extended stay in Durham for treatment or to participate in clinical trials. To give to the adult bone marrow transplant patient fund, use the enclosed envelope or visit [bit.ly/ABMTsupport](http://bit.ly/ABMTsupport).



JIM ROGALSKI

### LIFE-CHANGING TREATMENT

Ovester Grays, athletic director and head women's basketball coach at Hillside High School in Durham, North Carolina, was diagnosed with mantle cell lymphoma in 2019. Through his nine months of treatment, his entire care team at Duke reassured him. "I was confident about the facts, but the emotional and the mental was nurtured every single step of the way. And it changed my life," he said. "I've told my family if I'm ever seriously sick, take me to Duke Hospital. They're some of the best trained medical treatment personnel in the world. So they mean the world to me."

maintain their own unique microbiomes — the population of bacteria and other microbes on their skin and in their bodies — rather than picking up microbes from frequent visits to the clinic, and that this will result in fewer complications.

The trial was underway with teams providing in-home care when the COVID pandemic hit. The experience of those teams allowed the bone marrow transplant program to quickly pivot and provide at-home care for all transplant outpatients for the first four months of the pandemic to protect them from the new virus.

### THE FUTURE OF STEM CELL TRANSPLANT

In addition to saving lives of people with blood cancer or bone marrow disease, stem cell transplant can be used with other conditions. Duke physicians are using it to successfully treat certain autoimmune diseases, such as scleroderma and multiple sclerosis. In babies and children, Duke physicians use it to treat inherited disorders related to metabolism, blood, or the immune system.

The field of stem cell transplant has also set the stage for promising new immunotherapies for cancer.

"The hope is that [one day] these therapies can be so specific that they can cure cancer with a single dose, and the person wouldn't need a transplant or any other treatment."

Joanne Kurtzberg

"Bone marrow transplant was the first immunotherapy," Aleya said. "We gave cells [to the patient] with the idea that the cells would mediate an anti-disease response." Emerging immunotherapies take that a step further, by engineering cells to make them better cancer killers before transfusing them into the patient. Some are already FDA-approved and many more are in the pipeline.

Currently, these types of engineered-cell therapies are effective in about half of patients, but researchers are hard at work to change that. "The hope is that [one day] these therapies can be so specific that they can cure cancer with a single dose, and the person wouldn't need a transplant or any other treatment," Kurtzberg said.

Until then, Duke physicians will continue to provide patients undergoing stem cell transplants with the best experience and outcome possible. "Our program is dedicated to patient care first," Chao said. "We are patient-centered and patient-focused."

## TRULY CURED

In 2006, 12-year-old Kameron Kooshesh temporarily moved from California to Durham with his parents so that he could get a bone marrow transplant with Duke's Joanne Kurtzberg, MD. He had just undergone three years of chemo for acute lymphocytic leukemia, and his cancer had returned. His mom researched pediatric bone marrow transplant programs nationwide and chose Duke for her son.

Kooshesh quickly bonded with Kurtzberg and others on his team, from physicians to nurses to case managers. "They knew me and my family so well," he said. "We trusted them as we would a family member. Duke felt like my home."

Kooshesh's bone marrow transplant initially went well, but he developed severe graft versus host disease (GVHD) that didn't respond to standard treatment. Kooshesh knew of some other kids who had died from GVHD and wondered if the end had come for him.

Kurtzberg was aware of a drug that might help, but it was still in clinical trials. She won



JUSTIN KNIGHT/HARVARD

Former patient **KAMERON KOOSHESH** speaking at his 2022 Harvard-MIT Health Science & Technology graduation.

a compassionate-use authorization from the Food and Drug Administration. "Just a couple of infusions of this drug, and I was cured," he said, "truly cured." Kooshesh believes he wouldn't have gotten that drug if he'd been treated at another institution. "Dr. K. is absolutely unbelievable," he said. "She has a mastery of basic science and clinical and translational medicine that few others have."

Kooshesh graduated from Harvard Medical School in 2022 and is now a resident in internal medicine at Massachusetts General Hospital. He plans to devote his career to improving stem cell transplants and reducing GVHD.

"I now do the exact kind of research that served as the basis for the drug that saved my life," he said.

— Mary-Russell Roberson



"Dr. K. is absolutely unbelievable. She has a mastery of basic science and clinical and translational medicine that few others have."

Kameron Kooshesh

# Building Trust

BY JESSICA BRONCHICK

Hannah Worix, MD, assistant professor of surgery, joined Duke in 2021, settling in her hometown of Pembroke, North Carolina, after completing residency at Virginia Tech's Carilion School of Medicine and fellowship at the University of Alabama Birmingham. She returned to North Carolina with the goal of establishing a means of care and research for breast cancer patients in rural North Carolina communities.

She practices at both the Gibson Cancer Center in Lumberton and the Scotland Cancer Treatment Center in Laurinburg, both part of the Duke Cancer Network.

"The median income in this area is about \$35,000, so quite a few patients do not have access to a full-time vehicle, and most people live at least 15-20 minutes away from wherever they're being seen," Worix said. She works to establish a rapport with both her patients and her staff, communicating the importance of working with and around the patient's means and abilities.

Worix's journey into medicine was kick-started by watching her grandfather, former Navy corpsman and family medicine physician Frank Worix, who was the first Native American to graduate from the Duke University School of Medicine. The junior Dr. Worix learned from her grandfather, whom she affectionately refers to as "papa," the importance of giving back to their home community of rural and native North Carolinians.

"I came home to practice here because I knew that our patients deserve just as much access to care as the patients that live in more urban areas. And I can be

a voice for our patients in a different space," Worix said, emphasizing her own credibility to both her patients and the support of the Duke Health system. "I work here, I grew up here, and I live here now. I understand the way of life and challenges on a different level."

For Worix, it is also important that care providers understand the historical nature of patient education in rural areas, particularly the lasting distrust for the

medical community among the Native American and Black populations.

"A lot of people here still see no difference in how we currently practice medicine and how experiments were conducted only decades ago," she said. "So for me, for breast cancer patients specifically, I need to educate my patients on what their options are and why they would benefit from things like genetic testing, without any negative or malicious intent."

Being Lumbee herself helps Worix further establish credibility and trust with her patients, several of whom have known her since she was a child.

"I long for those meaningful and long-term relationships with my patients and their loved ones," Worix said. "I tell my patients every time I meet them, 'Don't worry, you won't lose me. We're in each other's lives now.'"

Worix said that she hopes the Lumberton and Scotland locations will serve as prototypes for additional programs in the future. "Our goal is to identify where these gaps are and try to build a bridge for patients in a way that's meaningful for them and long lasting and sustainable for the community."

**"I CAME HOME TO PRACTICE HERE BECAUSE I KNEW THAT OUR PATIENTS DESERVE JUST AS MUCH ACCESS TO CARE AS THE PATIENTS THAT LIVE IN MORE URBAN AREAS."**

Hannah Worix



Hannah Worix cares for patients in Lumberton and Laurinburg through the Duke Cancer Network.



Being Lumbee herself helps Worix further establish credibility and trust with her patients, several of whom have known her since she was a child.



THE MCDONNELL LAB

# A New Option FOR ADVANCED BREAST CANCER

BY JULIE POUCHER HARBIN

Research that originated in a Duke Cancer Institute (DCI) laboratory contributed to Food and Drug Administration (FDA) approval of the first new endocrine therapy for breast cancer since 2002, and the only drug designed to target mutations in estrogen receptor 1 (ESR1).

**DONALD MCDONNELL, PHD, ASSOCIATE DIRECTOR FOR TRANSLATIONAL RESEARCH AT DCI** and the Glaxo-Wellcome Distinguished Professor of Molecular Cancer Biology, directed the research team that led to the development of elacestrant (Orserdu, Stemline Therapeutics, Inc).

The new therapy, a selective estrogen receptor down regulator (SERD), is indicated for the treatment of postmenopausal women or adult men with estrogen receptor-positive/HER2-negative ESR1-mutated advanced or metastatic breast cancer who have been treated

unsuccessfully with at least one previous endocrine therapy. The FDA approved the therapy in January 2023.

## MEETING A NEED

The drug is the only SERD that can be taken orally, which makes it more convenient for patients. McDonnell said it fills a significant unmet need because up to 40% of patients diagnosed with ER-positive/HER2-negative breast cancer will acquire ESR1 mutations as the cancer advances. In most cases, these mutations will trigger resistance to standard endocrine therapies.

“IT TURNS OUT THAT THE REASON FOR RAD1901’S FAILURE AS A TREATMENT FOR HOT FLASHES WAS A USEFUL PROPERTY FOR A BREAST CANCER DRUG.”

Donald McDonnell



SUZANNE E. WARDELL

During the past decade, the McDonnell Lab has been focused on identifying and developing new endocrine therapies to treat advanced ER-positive breast cancer. This initiative has included revisiting older hormone therapies originally developed to treat osteoporosis or menopause symptoms.

Elacestrant, for example, was developed initially to treat hot flashes in post-menopausal women but was never approved for that use. Clinical trials demonstrated that RAD1901, as the therapy was known, stopped hot flashes at low doses but increased them at higher doses. McDonnell and researchers in his lab were intrigued by the pharmacology. “It turns out that the reason for RAD1901’s failure as a treatment for hot flashes was a useful property for a breast cancer drug,” McDonnell said.

Investigators who were trainees in the McDonnell Lab at the time, Suzanne E. Wardell, PhD, and Erik Nelson,



ERIK NELSON

PhD, determined that RAD1901 was effective at blocking the estrogen driving cancer cell growth by binding to its receptor, like a selective estrogen receptor modulator (SERM), and degrading the estrogen receptor, like a SERD.

Wardell and Nelson went on to demonstrate that RAD1901 inhibited tumor growth in mouse models. This was the springboard for continued investigations worldwide, culminating in the successful multicenter phase 3 clinical trial (EMERALD 2018–2022) that led to FDA approval.

Wardell is now an assistant professor of pharmacology and cancer biology at Duke, in McDonnell’s lab. Nelson is now a professor of molecular and integrative physiology at the University of Illinois Urbana-Champaign.

“We’re already prescribing elacestrant for our patients,” said Heather Moore, CPP, PharmD, a clinical pharmacist with Duke Health, noting that the drug is currently being distributed nationally by two specialty pharmacies.

## YOU CAN HELP

To support Duke’s next 50 years of life-changing care, please use the enclosed envelope or visit [bit.ly/dcifall2023](https://bit.ly/dcifall2023) to give online.





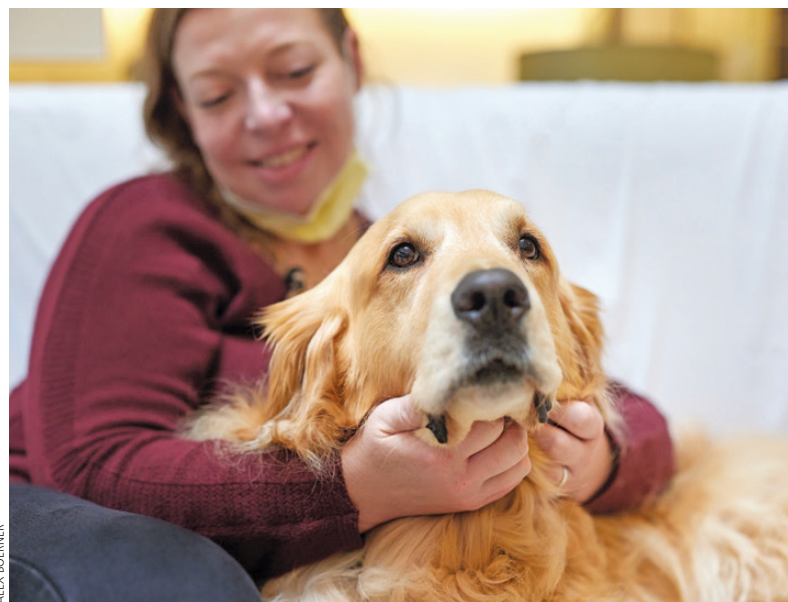
More than 900 people attended the 15th annual SURVIVORSHIP DAY AT DUKE CANCER CENTER DURHAM. Pictured is patient Whitney Espinosa.

## Celebrating Together

In June 2023, Duke Cancer Institute's Supportive Care and Survivorship Center celebrated everyone who is facing or has survived cancer with in-person survivorship days. Events were held at the four Duke Cancer Centers in Durham and Raleigh, and virtual options were also available.

Patients, survivors, and their families and friends learned about services and resources to help reduce cancer's impact on emotional and physical health from providers and other cancer survivors. They also learned about research and recent advances in survivorship care.

Rejuvenation activities included massage therapy, complimentary make-up and skincare consultations, wig styling, wig/hair trims, and more.



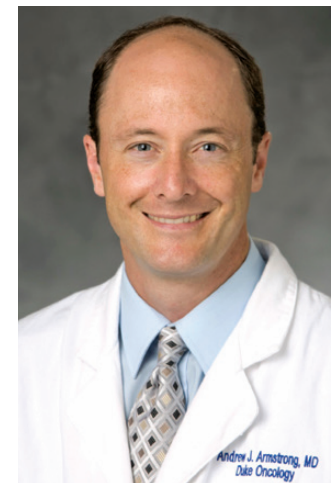
PETS AT DUKE THERAPY DOG DELILAH was on hand.

## AI-Driven Biomarker Predicts Optimum Length of Treatment for Prostate Cancer

**A** biomarker developed with digitalized pathology and artificial intelligence demonstrated it was able to identify which men treated with radiation for high-risk localized prostate cancer could be spared long-term hormone therapy and its potential side effects.

Presenting their findings June 4 at the American Society of Clinical Oncology meeting, Duke Cancer Institute researchers reported results from a phase 3 trial involving the National Cancer Institute Cooperative Group NRG/RTOG 9202.

The researchers trained the AI-based biomarker using data from six clinical trials involving more than 2,600 men with prostate cancer who had been treated with long-term hormone therapy and radiation.



ANDREW J. ARMSTRONG

The AI tool — developed in collaboration with the company ArteraAI — digitally read the patients' biopsies and clinical data to discern which of the men could be spared long-term androgen-deprivation therapy with no increased risk of the cancer spreading. After training, the AI-based tool was then validated on another 1,192

patients in a randomized, controlled trial.

The researchers found that the predictive AI biomarker identified 34% of men who could benefit from short-term androgen deprivation therapy (ADT), avoiding the side effects of prolonged ADT without compromising efficacy. It also identified 43% of intermediate-risk men who would benefit from long-term ADT to reduce their risk of metastases over time.

"Along with radiotherapy, ADT improves survival and reduces risk of metastasis in men with high-risk localized prostate cancer, but not all men need to be on therapy over the long term," said lead author Andrew J. Armstrong, M.D., professor in the departments of Medicine, Surgery and Pharmacology and Cancer Biology at Duke University School of Medicine.

"Having a predictive biomarker that accurately identifies men with high risk localized prostate cancer to more optimal and personalized care would spare many from undergoing unnecessary treatment, while identifying those men who would benefit most," Armstrong said.

In addition to Armstrong, study authors include Vinnie Y.T. Liu, Ramprasaath R. Selvaraju, Emmalyn Chen, Jeffry P. Simko, Sandy DeVries, A. Oliver Sartor, Howard M. Sandler, Osama Mohamad, Andre Esteva, Phuoc T. Tran, Daniel E. Spratt, John H. Carson, Christopher Peters, Elizabeth Gore, Steve P. Lee, Jedidiah M. Monson, Joseph P. Rodgers, Felix Y. Feng, and Paul L. Nguyen.

— Sarah Avery

## Allen Named Vice President for Cancer Services

**P**eter J. Allen, MD, was named Duke University Health System Vice President for Cancer Services, effective June 1, 2023.

Allen will oversee clinical cancer care for Duke, working closely with Duke Cancer Institute (DCI) Executive Director Michael Kastan, MD, PhD.

"This expansion of our DCI clinical leadership team reflects our commitment, as a leading cancer center, to delivering extraordinary cancer care for patients from our local communities, across North Carolina, and the Southeast," wrote DUHS Executive Vice President and Chief Operating Officer Thomas A. Owens, MD, in an internal

message to health system providers, faculty, and staff.

Allen was recruited to Duke in 2018, and currently serves as the chief of the Division of Surgical Oncology. He specializes in gastrointestinal cancer surgery in his clinical practice, and his research lab focuses on pancreatic cancer.

Allen was recently named the David C. Sabiston Jr. Distinguished Professor of Surgery for his achievements in scholarly excellence and, as Owens noted, "is known by colleagues nationwide as an accomplished surgical oncologist, researcher, medical educator, and mentor."



PETER J. ALLEN



**FENCE FOR THE FIGHT.**  
The Duke fencing team

held their third annual Fence for the Fight campaign for the 2023 season in memory of **Elizabeth Beguinet**, director of administration and recruiting for the Duke fencing program, who passed away in December 2022 after a long fight with breast cancer. This year's campaign generated nearly \$75,000, the largest amount raised in a single season for Duke Cancer Institute by a Duke athletics partner. The funds will go toward cancer research, care of patients, and a room dedicated in the Duke Cancer Center in honor of Elizabeth Beguinet. The wife of former head coach Alex Beguinet, she was not just the team's recruiting coordinator, travel coordinator, or seamstress for the uniforms, she was also a confidant, coach, and on-campus mom for 38 years.



**BENCH TO BEAT CANCER.** Student athletes, hosted by Duke University's Department of Sports Performance Olympic Sports, raised more than \$27,500 to help alleviate some of the financial burdens associated with treatment of a cancer diagnosis. Sponsors pledged donations based on the number of bench press reps that athletes performed in one minute. All of the funds raised support **Duke Cancer Institute's Patient Assistance Fund.**



**SUPPORTING GI CANCER RESEARCH.** **Anant and Molly Pradhan** raised **\$16,855 for gastrointestinal cancer research** at Duke during a dinner held in January to honor Anant's mother, Dr. Usha Pradhan, who died of colorectal cancer in 2022. The black-tie dinner at Maggiano's Little Italy featured remarks from Duke medical oncologist **Michael Morse, MD.** Though Anant's mother was treated elsewhere, Molly works as a nurse at Duke, and the couple is grateful for consultations from Duke providers.



# Long-Term Partners



*"We take great pride in knowing our estate will be used in this way."*

After more than 30 years as a medical oncologist in her thriving practice in Newport News, Virginia, 1978 Duke University School of Medicine graduate Elizabeth Harden, MD, sees cancer turning into more of a chronic disease. "I used to have a short relationship with patients. Now I have patients who I've been seeing for 15 or 20 years who are doing great," she said.

Harden's husband, surgical oncologist Richard Hoefer, DO, FACS, added, "If we can't cure it, we can contain it."

Harden sees her mentors and friends at Duke as partners in that success. "Duke has been complimentary to us in our life's work. We recognize the value of having a very strong academic medicine community as a resource," she said.

As Harden and Hoefer celebrated 35 years of marriage, and as Duke Cancer Institute marks 50 years as a comprehensive cancer center, the couple established an estate bequest to benefit future physicians and researchers.

They worked closely with Duke Health's gift planning office and Executive Vice President for Health Affairs and School of Medicine Dean Mary Klotman, MD, to create a gift that will benefit cancer, immunology, and graduate medical education. Their bequest includes endowments for a full professorship and two associate professorships.

"We don't know what the next big frontier is in oncology, so we didn't want to narrow it to one area," Harden said. "We take great pride in knowing our estate will be used in this way."

**To learn more about planned giving to Duke Cancer Institute, please contact Executive Director of Development Michelle Cohen, 919-385-3124, or michelle.cohen@duke.edu.**



## YOU CAN SUPPORT THE FIGHT

Gifts to Duke Cancer Institute help us develop new treatments and provide compassionate care. To make a gift, visit [bit.ly/dcifall2023](https://bit.ly/dcifall2023), or use the enclosed envelope. Thanks for your support!

DCI Office of Development  
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[dukecancerinstitute.org](https://dukecancerinstitute.org)

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Please join DCI Executive Director **Michael Kastan, MD, PhD**, and award-winning actress, singer, and philanthropist **Kristin Chenoweth** for a black tie event on Saturday, **October 14, 2023**.

This special evening will highlight Duke Cancer Institute as a leader in patient-centered care, bringing together outstanding research, breakthrough treatments, and support services to meet the needs of every patient for the last 50 years.

A limited number of tickets are available. Get information and purchase tickets online at [bit.ly/dukedci50](https://bit.ly/dukedci50) or by scanning the QR code.

